



CITY OF AUBURN

EMERGENCY MANAGEMENT OFFICE TRAINING APPLICATION

External Applicants

City of Auburn
Emergency Management Office/Training
340 E Main St., Suite 201
Auburn, WA 98002

Fax: (253) 939-7769
E-mail: emergencyprep@auburnwa.gov
Phone: (253) 876-1925

| | | | | | |
|-------------------------|--|--|--|------------|-----------|
| Name: | | Employer: | | | |
| Mailing Address: | | Home Phone: | | | |
| | | Work Phone: | | | |
| | | Cell Phone: | | | |
| | | E-mail: | | | |
| | | CAPABILITIES REVIEW | | YES | NO |
| | | Current City of Auburn Volunteer | | | |
| | | CERT Trained | | | |
| | | Ham Radio License | | | |
| | | First Aid Trained (current, not expired) | | | |

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|-----------------------|--|--------------|--|----------------|--|
| Date of Birth: | | Male: | | Female: | |
|-----------------------|--|--------------|--|----------------|--|

Course Name and/or Number:

Course Date(s):

| | |
|--|--|
| <p>Please list other Emergency Management courses you have taken:</p> | |
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| Do you have any disabilities which require special consideration? If yes, please explain: | Yes: | No: |
|--|-------------|------------|

Assumption of Risks/Exculpatory Clause: For and in consideration of the opportunity offered to me to participate in the above-named activity/activities offered by the City of Auburn Emergency Management Office, I, as evidenced by my signature below, do hereby hold harmless, release and waive all claims I may have against the City of Auburn, its officials, employees, agents, or contracted instructors, and any other person(s) involved in this activity for any and all injuries, losses or damages suffered by myself as a result of my participation in this activity/activities. I accept full responsibility for the cost of treatment for any injury, losses, damages or death suffered by myself while taking part in this activity/activities. I give permission to have my photograph taken during classes and used for publicity purposes by the City of Auburn and the Auburn Area Citizen Corps Council/CERT Program.

| | |
|--------------------------------|---|
| Signature of Applicant: | Signature of Parent/Guardian (if applicant is under 18 years old): |
| | |
| Date: | Date: |

| Below For Office Use Only | | | | | | | |
|--------------------------------|--------------------------|--------------------------|------------------|----------------|------------------|----------------|--|
| Approved: | Waiting List: | Prerequisite Met: | Withdraw: | | No Show: | | |
| Attach: (If Applicable) | Purchase Order #: | Check #: | Fee: | Roster: | Database: | Letter: | |